

Foster Family Home - Corrective Action Report

Provider ID: 1-597833

Home Name: Chona Molina, CNA

Review ID: 1-597833-6

94-1038 Lumikula Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/5/2019

Foster Family Home Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 2 person CCFFH recertification made on 11/5/19.

Home is in compliance with all requirements. Home will receive a 2 bed certification.

Maribel Nakamine, RN
Compliance Manager

epmolina
Primary Care Giver

11/5/19
Date

11/5/19
Date